SYNCHRONOUS PERITONECTOMY AND LIVER RESSECTION IN COLORECTAL CANCER

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Background: Cytoreductive surgery (CRS) and hepatectomy are accepted surgical strategies to manage metastatic disease in colorectal cancer (CRC). The safety and outcomes of patients undergoing both operative treatment to manage abdominal oligometastatic disease from CRC is less well established.

Methods: Patients who underwent CRS and hepatectomy for CRC between 2005 and 2012 were retrieved from a prospective database for retrospective analysis. Standardized surgical and pathological variable were examined to fulfill the study’s endpoints of safety and efficacy of this therapeutic strategy.

Results: Of 171 patients undergoing CRS for CRC, 36 patients (21%) were managed with a curative intent undergoing hepatectomy additionally. The median Peritoneal carcinomatosis index (PCI) was 6 (range, 1-24). The median number of liver metastasis was 2 (range, 1-10), 31 patients (86%) underwent minor hepatic resection (less than or equal to 3 lesions) and 5 patients (13.8%) underwent major hepatic resection. 4 patients (11%) received ablation using cryotherapy in addition to hepatectomy. The overall median survival was 27.8 months (range, 1-47) with 1-, 2-, 3-year survival of 83%, 55%, 29% respectively. The median survival of patient with ≤3 liver metastasis was 28.7 (range, 17.9-34.9) and >3 liver metastasis was 22.1 (range, 20.3-35.3) (P = 0.548). The mortality rate was 2.7% and major complication rate was 38.9%.

Conclusion: Additional hepatic surgery to eradicate liver metastasis in patients with limited peritoneal metastasis from CRC may afford an encouraging survival outcome in this group of patients with abdominal oligometastatic cancer.